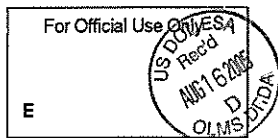


FORM LM-30

LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

|  |  |
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| 1. File Number U - <u>2290</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>   |
| 3. Name and address of person filing.<br>Name <u>Randall</u> <u>W</u> <u>Brown</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>2300 St. Joseph Industrial Park Dr.</u><br>City <u>Evansville</u><br>State <u>Indiana</u> ZIP Code + 4 <u>477201251</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Plumbers &amp; Steamfitters UA Local 136</u><br>Labor Organization File Number <u>043-439</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>2300 St. Joseph Industrial Park Dr.</u><br>City <u>Evansville</u><br>State <u>Indiana</u> ZIP Code + 4 <u>477201251</u> |
| 5. Position in labor organization. <u>Business Manager</u>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State<br>ZIP Code + 4<br>                                   | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br>7.b. Amount.<br><br><br><br><br><br><br><br> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Randall Brown

On

8/5/05

Date

(812) 423-8043

Telephone Number

|                       |                  |                |  |
|-----------------------|------------------|----------------|--|
| Name of Person Filing | Randall W. Brown | File Number U- |  |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pipe Trades Industry Health &amp; Welfare Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 3040</p> <p>Street 8838 E. Milner Avenue</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 478039796</p>     | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pipe Trades Industry Health &amp; Welfare Plan Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 3040</p> <p>Street 8838 E. Milner Avenue</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 478039796</p> | <p>11.a. Nature of such dealing.</p> <p>The Plan/Trust provides Health and Life Insurance coverage for employees (active and retired) of the Labor Organization I represent.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of Meeting Expenses January 1, 2004</p> <p>12.b. Amount. \$86</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing | Randall W. Brown | File Number U- |  |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Pipe Trades Industry Health &amp; Welfare Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 3040</p> <p>Street 8838 E. Milner Avenue</p> <p>City Terre Haute</p> <p>State Indiana ZIP Code + 4 478039796</p>         | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pipe Trades Industry Health &amp; Welfare Plan Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 3040</p> <p>Street 8838 E. Milner Avenue</p> <p>City Terre Haute, IN</p> <p>State Indiana ZIP Code + 4 478039796</p> | <p>11.a. Nature of such dealing.</p> <p>The Plan/Trust provides Health and Life Insurance coverage for employees (active and retired) of the Labor Organization I represent.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of Meeting Expenses April 28, 2004</p> <p>12.b. Amount. \$73</p> |

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| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p> |

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| Name of Person Filing <b>Randall W. Brown</b> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Pipe Trades Industry Health &amp; Welfare Plan</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>P. O. Box 3040</b></p> <p>Street <b>8838 E. Milner Avenue</b></p> <p>City <b>Terre Haute</b></p> <p>State <b>Indiana</b> ZIP Code + 4 <b>478039796</b></p>     | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Pipe Trades Industry Health &amp; Welfare Plan Trust</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>P. O. Box 3040</b></p> <p>Street <b>8838 E. Milner Avenue</b></p> <p>City <b>Terre Haute</b></p> <p>State <b>Indiana</b> ZIP Code + 4 <b>478039796</b></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><b>The Plan/Trust provides Health and Life Insurance coverage for employees (active and retired) of the Labor Organization I represent.</b></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><b>Reimbursement of Meeting Expenses<br/>July 29, 2004</b></div> <p>12.b. Amount. <input type="text" value="\$71"/></p> |

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| <p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |   |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>   | <p>14.b. Amount of payment. <input type="text"/></p>  |

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|---|----------------|
| Name of Person Filing <b>Randall W. Brown</b> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Pipe Trades Industry Health &amp; Welfare Plan</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P. O. Box 3040</b></p> <p>Street <b>8838 E. Milner Avenue</b></p> <p>City <b>Terre Haute,</b></p> <p>State <b>Indiana</b> ZIP Code + 4 <b>478039796</b></p>    | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Pipe Trades Industry Health &amp; Welfare Plan Trust</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>P. O. Box 3040</b></p> <p>Street <b>8838 E. Milner Avenue</b></p> <p>City <b>Terre Haute</b></p> <p>State <b>Indiana</b> ZIP Code + 4 <b>478039796</b></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>The Plan/Trust provides Health and Life Insurance coverage for employees (active and retired) of the Labor Organization I represent.</p> </div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Reimbursement of Meeting Expenses<br/>November 3, 2004</p> </div> <p>12.b. Amount. <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$30</b></span></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>        |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment. <span style="float: right; border: 1px solid black; padding: 2px 20px;"></span></p> |

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| Name of Person Filing <b>Randall W. Brown</b> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <b>8. Name and address of Business (including trade name, if any).</b><br><br>Name <b>CGM Computer Consulting, LLC</b><br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any <b>Suite 519</b><br><br>Street <b>1100 W. Lloyd Expressway</b><br><br>City <b>Evansville</b><br><br>State <b>Indiana</b> ZIP Code + 4 <b>477081184</b> | <b>9. Business deals with:</b><br><br><input checked="" type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer   |
| <b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b><br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State<br><br>ZIP Code + 4<br>   | <b>11.a. Nature of such dealing.</b><br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">CGM provides computer consulting, programming, networking, web design, etc. services to the Labor Organization that I represent.</div><br><b>11.b. Approximate dollar value of such dealing.</b> <b>\$12,000 per yr.</b><br><br><b>12.a. Nature of interest held or income received.</b><br><div style="border: 1px solid black; padding: 5px; min-height: 100px;">My minor child earned the following gross income while employed by CGM from January 1, 2004 through May 20, 2004:</div><br><b>12.b. Amount.</b> <b>\$4465</b> |

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| <b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>  |  |
| <b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b><br><br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State<br><br>ZIP Code + 4<br> | <b>14.a. Nature of payment.</b><br><div style="border: 1px solid black; height: 150px;"></div><br><b>14.b. Amount of payment.</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |
| <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>   |  |

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| Name of Person Filing <b>Randall W. Brown</b> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <b>8. Name and address of Business (including trade name, if any).</b><br><br>Name <input style="width: 90%;" type="text"/><br><br>Trade Name, if any: <input style="width: 90%;" type="text"/><br><br>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/><br><br>Street <input style="width: 90%;" type="text"/><br><br>City <input style="width: 90%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | <b>9. Business deals with:</b><br><br><input type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer |
| <b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b><br><br>Name <input style="width: 90%;" type="text"/><br><br>Trade Name, if any: <input style="width: 90%;" type="text"/><br><br>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/><br><br>Street <input style="width: 90%;" type="text"/><br><br>City <input style="width: 90%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>   | <b>11.a. Nature of such dealing.</b><br><div style="border: 1px solid black; height: 80px; width: 100%;"></div>   |
|   | <b>11.b. Approximate dollar value of such dealing.</b> <input style="width: 100%;" type="text"/>  |
|   | <b>12.a. Nature of interest held or income received.</b><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                      |
|   | <b>12.b. Amount.</b> <input style="width: 100%;" type="text"/>  |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b><br><br>Name <input style="width: 90%;" type="text" value="Mechanical Contractors Assn. of Indiana, Inc."/><br><br>Trade Name, if any: <input style="width: 90%;" type="text" value="MCAI"/><br><br>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text" value="P. O. Box 20425"/><br><br>Street <input style="width: 90%;" type="text" value="2509 East 54th Street"/><br><br>City <input style="width: 90%;" type="text" value="Indianapolis"/><br><br>State <input style="width: 20%;" type="text" value="Indiana"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="462200425"/> | <b>14.a. Nature of payment.</b><br><br><div style="border: 1px solid black; padding: 10px; text-align: center;">           Mechanical Contractors Assn. of<br/>           Southern Indiana Christmas Party<br/>           Attended with spouse on December 10,<br/>           2004         </div> |
| <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b><br><div style="text-align: center; font-weight: bold;">Contractor Association</div>   | <b>14.b. Amount of payment.</b><br><div style="display: flex; justify-content: space-between;"> <span>Estimated Value</span> <input style="width: 150px;" type="text" value="\$80"/> </div>   |